## Additional File 1: Regulatory Function Framework

	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
Nursing and Midwifery Legislation	☐ Identification of key issues with participation of stakeholders. ☐ Consensus around whether a new nursing and midwifery Act or amendments to existing legislation are needed.	☐ Legislation drafted with stakeholders including Ministry of Health, nursing and midwifery council and/or professional associations, academia, and legislature or parliament.	☐ Approval, commencement, and publication of legislation.	☐ Implementation through dissemination and training of nurses and midwives in their rights and duties. ☐ Issuance by Councils and/or Ministry of Health of rules or regulations.	☐ Monitoring and evaluation of compliance and impact.
Registration System and Use of Registration Data	□ Registration is not legally required for nurses and midwives to practice	□ Renewal of registration (or license) is required. □ Both paper and electronic (e.g. Excel) system for registration is used. □ Registration system can answer basic queries (e.g. number of midwifes in the country).	□ Registration system (including licensure and relicensure) is primarily electronic (use of software). □ Database includes all public sector nurses and is regularly updated. □ Registration system can be queried to generate workforce reports.	□ Registration system is completely electronic and includes all public and private sector nurses. □ Database displays various registration statuses of nurses and midwives. □ Database can be programmed to automatically generate workforce reports.	□ Registration, licensure and re- licensure services are available online or are decentralized. □ Registration database can exchange data with other health information systems. □ Registration data used by decision makers for workforce policy and planning.

	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
Licensure Process	☐ Licenses not required to practice	☐ Licenses are issued with initial registration (no separate licensure examination). ☐ Renewal of license is required at intervals specified by the regulatory authority.	<ul> <li>□ An examination or assessment process is in place for initial registration and licensure.</li> <li>□ The examination or assessment is paper-based.</li> <li>□ National competency standards are being developed.</li> </ul>	<ul> <li>□ Examination or assessment content meets national competency standards.</li> <li>□ Various statuses of licenses issued (i.e. conditional, suspended).</li> <li>□ Licensure verification process facilitates entry of foreign educated nurses/midwives into workforce.</li> </ul>	☐ Registration and initial licensure examination content is updated regularly. ☐ Examination content aligns with global guidelines or regional competency standards. ☐ The licensure status of a nurse or midwife is available to the public either via website, phone or in-person.
Scope of Practice (SOP)	□ SOP not defined by legal statute or regulation. □ SOP may be decided by the employer or based on health facility needs.	<ul> <li>□ Council has the authority to formally define the SOP.</li> <li>□ SOP are under development.</li> <li>□ SOP reviewed or revised within 10 years.</li> </ul>	□ Nationally standardized SOP for all nurse and midwife categories. □ SOP is based on nursing/midwifery context, consultations and job descriptions. □ SOP reviewed or revised within last five years.	□ SOP includes essential nursing/midwifery competencies. □ SOP is regularly and systematically reviewed and revised. □ SOP allows for individuals to make decisions about task shifting or task sharing.	☐ All SOP align with global guidelines and standards for nursing and midwifery. ☐ SOP reviewed and revised according to global standards. ☐ SOP is dynamic, flexible, and inclusive, not restrictive.
Continuing Professional Development (CPD)	☐ CPD does not exist. ☐ CPD is voluntary. ☐ CPD framework for nursing and midwifery may be in planning stages.	<ul> <li>□ Council has a mandate in legislation to require CPD.</li> <li>□ National CPD framework for nursing and midwifery is developed.</li> <li>□ Implementation of CPD requirement is in pilot or early stages.</li> </ul>	<ul> <li>□ CPD program for nurses and midwives is finalized and nationally disseminated.</li> <li>□ CPD is officially required for re-licensure.</li> <li>□ Strategy in place to promote and track compliance.</li> </ul>	☐ Electronic system in place to monitor CPD compliance. ☐ Penalties for non-compliance with CPD exist. ☐ Available CPD includes content on national HIV service delivery guidelines for nurses and midwives.	□ Multiple types of CPD are available including web-based and mobile-based models.      □ CPD content aligns with regional standards or global guidelines.      □ Regular evaluations of CPD program carried out.

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Accreditation of Pre-Service Education	☐ Council does not have legal authority to approve pre-service nursing/midwifery schools or programs. ☐ Public schools/programs may be "endorsed" by the council.	<ul> <li>□ Council has legal authority to approve preservice schools/programs.</li> <li>□ Council issues standards for accreditation of nursing schools/programs.</li> <li>□ No time limit or expiration date on accreditation approval.</li> </ul>	☐ Initial assessment visits are carried out by the council or their designated authority. ☐ Standards for accreditation are regularly reviewed and revised. ☐ Requirement for accreditation renewal is enforced.	☐ Assessment visits are regularly carried out by an independent body. ☐ Council has an electronic system to track accreditation status. ☐ Various levels of accreditation granted (i.e. probationary, conditional).	☐ Group independent from council makes accreditation determination for both public and private schools/programs. ☐ Accreditation standards align with global or regional guidelines. ☐ Accreditation status available to the public.
Professional Misconduct and Disciplinary Powers	<ul> <li>□ Council does not have authority to manage complaints and impose sanctions.</li> <li>□ Standards of professional conduct may not be defined.</li> </ul>	□ Legislation authorizes council to define standards for professional conduct. □ Council has authority to investigate or initiate inquiries into professional misconduct. □ Basic types of complaints and sanctions exist	<ul> <li>□ Complaints investigation and misconduct hearings are separate processes.</li> <li>□ A range of disciplinary measures (e.g. penalties, sanctions, conditions) exist.</li> <li>□ Appeals processes are available and accessible.</li> </ul>	☐ The processes and documentation of complaints and sanctions are transparent. ☐ Processes and timelines are in place to review and remove penalties and sanctions. ☐ Processes are in place for members of the public to lodge a complaint.	☐ Professional conduct standards align with regional standards or global guidelines. ☐ The complaint management process is regularly evaluated for transparency and timeliness. ☐ Information on complaints and sanctions is available to the public.

Additional File 1, the RFF, is reprinted from *Evaluation and Program Planning*, 46, McCarthy, C. F., Kelley, M. A., Verani, A. R., St Louis, M. E., & Riley, P.L. "Development of a framework to measure health profession regulation strengthening," p. 20. doi:10.1016/j.evalprogplan.2014.04.008 (2014), with permission from Elsevier: <a href="https://www.sciencedirect.com/science/article/pii/S0149718914000470">https://www.sciencedirect.com/science/article/pii/S0149718914000470</a>.